STATE OF IDAHO BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220 Boise, Idaho 83702-5642 (208) 334-3233

CONTINUING EDUCATION AUDIT

VERIFICATION & CERTIFICATE OF COMPLIANCE

Pursuant to your profession's licensure laws and rules and the Board's request, please complete the certificate below and return it with your completed renewal form. Failure to provide proof of attendance or official certification of the required continuing education may result in Board action against your right to licensure.

Course Title:	Dates:	Sponsoring Organization:	Course Location:	Total hr
	+			_
				-
	+ +			+
	+ +			-
	+ +			+
				1
			TOTAL MOUDS	
			TOTAL HOURS	
jurisdiction?	guilt, withheld	of your license have you: judgment, or suspended sentence for a ction, or limitation from any regulatory	[]YES []NO	
or any other jurisdiction? (if YES to eithe	r above, a copy	of the final order of conviction/discipl	[] YES [] NO ine must be attached)	
		AFFIDAVIT		
continuing education outlined above further certify that official certified of	as required by documentation	sponse to the above is true and corr the Idaho laws and rules applicable to proving my attendance at the continuinary result in action against my right to l	the profession for which I am liggeducation outlined above is a	icensed. I
Signature		Social Security #	Date	
Print Name		License Number	<u></u>	
YOU MUST PRO	VIDE PROO	F OF ATTENDANCE IN ADDIT	TION TO THIS FORM	

(Please mail your documentation with this form. If using the online renewal process, documentation must be mailed separately.)